FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM.

JUL 0 6 2004

OMB APPROVAL
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Expires: May 31, 2005
Estimated average burden
hours per response.....16.00

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC US	E ONLY
Prefix	Serial
DATE RE	CEIVED
	1

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment) [] ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	04037077
Forest Ridge Apartments LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1899 Wynkoop Street, Suite 900, Denver, Colorado 80202	303-866-0011
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	<u></u>
Purchase of Apartment complex in Charlotte, North Carolina	PROCESSED
Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed	please specify): JUL I 3 200%
Actual or Estimated Date of Incorporation or Organization: Month Year	mated FINANCIAL
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given b which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	9549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sullocate and that have adopted this form. Issuers relying on ULOE must file a separate notice with the sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	xemption. Conversely, failure to file the

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

800

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Jacobsen, Robert P. Business or Residence Address (Number and Street, City, State, Zip Code) 1899 Wynkoop Street, Suite 900, Denver, CO 80202 Executive Officer Beneficial Owner Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Sagebrush Realty Holdings LLC Business or Residence Address (Number and Street, City, State, Zip Code) 1899 Wynkoop Street, Suite 900, Denver, CO 80202 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Sagebrush Forest Ridge LLC Business or Residence Address (Number and Street, City, State, Zip Code) 1899 Wynkoop Street, Suite 900, Denver, CO 80202 Director Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Check Box(es) that Apply: Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: Beneficial Owner Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				B. U	NFORMAT	ION ABOU	T OFFERI	NG				
1 Une th	e issuer solo	l ordonet	ha iceuar i	ntand to ca	ll to non a	coraditad i	nvastare ir	, this affor	ina?		Yes	No
1. Has th	ie issuer şoid	i, or does u										×
2 1171					Appendix		-				. 75	000.00
2. What	is the minim	um investn	ient that w	ill be acce	pted from	any individ	luai?				٥	
3. Does t	he offering	permit join	t ownershi	p of a sing	de unit?	• > > • • • • • • • • • • • • • • • • •				•••••	Yes 🗷	No
comm. If a per or stat	the informatission or sim rson to be lis es, list the na er or dealer,	ilar remune ted is an ass ame of the b	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	of purchas ent of a brok ore than fiv	ers in conne (er or deale e (3) person	ection with r registere ns to be list	sales of sed d with the S ted are asso	curities in t SEC and/or	he offering. with a state		
Full Name Matthews	(Last name . Marlen	first, if ind	ividual)	-								
	r Residence	Address (N	lumber and	d Street, C	ity, State, 2	Zip Code)						
	t Street, Su				-	•						
Name of A	ssociated Bi	oker or De	aler									
Burch & C	ompany, In	c.							·			
States in W	hich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
(Chec	k "All States	" or check	individual	States)	,				***************	************	☐ Al	l States
AL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY W/ TX	LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full Name Burke, Pa	(Last name trick	first, if ind	ividual)									
Business o	or Residence					Zip Code)						
	ssociated Br		aler									
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Check	k "All States	" or check	individual	States)	- 	•••••••	***************************************				☐ Al	l States
AL LZ MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Strickland,				-								
	or Residence nt Street, Su	•				Zip Code)					,	
	ssociated Br			5,440 0020								
	ompany, In			· · · · · · · · · · · · · · · · · · ·								
	hich Person k "All States										☐ All	l States
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		TRACE.	Teles Sept 通过性 を対します。	∮ B . 1	NFORMAT	ION ABOU	T OFFERI	NG		President		
						•••		.1.1 00			Yes	No
1. Has	the issuer so	ld, or does th								***************************************		X
					Appendix		-				75	00.00
2. Wha	at is the mini	mum investn	ent that w	ill be acce	pted from a	any individ	lual?	••••••		•••••	.	
3. Doe	s the offering	g permit join	t ownershi	p of a sing	le unit?					•••••	Yes X	No
	er the inform											
	mission or signerson to be l											
or s	ates, list the	name of the b	roker or d	ealer. If me	ore than five	e (5) persoi	ns to be list	ed are asso				
a br	oker or deale	r, you may s	et forth th	e informati	ion for that	broker or	dealer only	/.				
Full Nan Burns, I	ne (Last nam Larry	e first, if indi	ividual)									
Business	or Residenc	e Address (N	lumber and	d Street, C	ity, State, Z	Lip Code)	·					
1827 Gr	ant Street, S	uite 403, De	nver, Cold	orado 8020)5							
	Associated I		aler									
	Company, I		0.1: :. 1	7 41	4. 0:11-11	D 1						
	Which Perso											1.64
(Ch	eck "All Stat	es" or check	individua	States)						••••••	∐ All	States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	\overline{GA}	HI	ID
IL		IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT		NV	NH	NJ	NM	NY	NC	ND	ОH	OK]	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Nar	ne (Last nam	e first, if ind	ividual)				<u> </u>	······································			•	
Business	or Residen	ce Address (1	Number ar	d Street, C	City, State,	Zip Code)						1.
Name of	Associated l	Broker or De	aler							· 	 -	
States in	Which Perso	on Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	eck "All Stat											States
AL		AZ	AR	CA	CO	CT	DE	DC ·	FL	GA.	HI	
IL MT	IN NE	NY	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
RI		SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
	ne (Last nam											
		, 										
Business	or Residen	ce Address (1	Number ar	nd Street, C	City, State,	Zip Code)						
Name of	Associated l	Broker or De	aler							, , , , , , , , , , , , , , , , , , , 		
States in	Which Perso	on Listed Ha	Solicited	or Intends	to Solicit	Purchasers						
	eck "All Stat									•••••	☐ All	l States
AL	AK	AZ	ĀŔ	CA	CO	CT	DE	DC	[FL]	GA	HI	ID
IL		ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MI		NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	\overline{VT}	VA	WA	$\overline{\mathbf{W}}\mathbf{V}$	WI	\overline{WY}	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	\$
	Equity		
	Common Preferred		~ <u></u>
	Convertible Securities (including warrants)	.	\$
	Partnership Interests		
	Other (Specify)		
	Total	5,670,000.00	\$ 5.670.000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		9
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	26	\$ 5,670,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	26	\$_5,670,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		4
		Type of	Dollar Amount
	Type of Offering	Security None	Sold
	Rule 505	None	\$
	Regulation A		\$
	XMIC 304	None	\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$_3,000.00
	Legal Fees	Z	\$_15,000.00
	Accounting Fees		\$_6,000.00
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$ 358,339.00
	Other Expenses (identify)		\$_9,730.00
	Total		\$ 392,069.00

5. In- ea ch	nd total expenses furnished in response to Part C—oceeds to the issuer."	ring price given in response to Part C — Question 1 Onestion 4 a. This difference is the "adjusted gross		
ea ch	dicate below the amount of the adjusted gross pro-	Question in the control of the contr		\$5,277,931.00
ν.		oceed to the issuer used or proposed to be used for my purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gross t C — Question 4.b above.		
			Payments to	
			Officers, Directors, & Affiliates	Payments to Others
Sa	laries and fees		\$ 42,000.00	S
Pu	orchase of real estate		2 \$ 433,000.00	\$ 4,214,931.00
	rchase, rental or leasing and installation of made	chinery	\$	\$
		cilities		
Ac of:	equisition of other businesses (including the val	ue of securities involved in this ets or securities of another		
				
			_	
W	orking capital			✓ \$ 588,000.00
Ot	ther (specify):		□ \$	<u>\$</u>
			<u></u> \$	\$
Co	olumn Totals		\$ 475,000.00	\$ 4,802,931.00
				277,931.00
		D. FEDERAL SIGNATURE		
signatu the info	ore constitutes an undertaking by the issuer to fur formation furnished by the issuer to any non-acc	e undersigned duly authorized person. If this notice inish to the U.S. Securities and Exchange Commisted investor pursuant to paragraph (b)(2) of l	ssion, upon writter	e 505, the following a request of its staff,
	(Print or Type)		Date	
	t Ridge Apartments LLC		June 29, 2004	
Name o	of Signer (Print or Type)	Title of Signer (Print or Type) Manager, Sagebrush Forest Ridge Holdings I	LC. Manager of f	Forest Ridge Apartr

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

---- ATTENTION -----

E. STATE SIGNATURE

I was a large to the state of the discussion of	Ves	No
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	162	
provisions of such rule?		X

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date 2
Forest Ridge Apartments LLC	Rash	June <u>2</u> ,72004
Name (Print or Type)	Title (Print or Type)	
Robert P. Jacobsen	Manager, Sagebrush Forest Ridge Holdings	LLC, Manger of Forest Ridge Apartme

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX t 2 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price to non-accredited Type of investor and explanation of offered in state investors in State amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Investors Yes No Investors State Amount No Amount Yes AL ĀΚ AΖ ARCATIC/Cash CO × 19 \$5,278,426 X CT DE DC X 3 \$768,958.67 FL TIC/Cash × GA HI ID IL1 \$75,000.00 × Cash X IN ΙA KS ΚY LA ME MD 1 \$300,000.00 × Cash MA Cash 1 MI \$150,000.0 × MN MS

APPENDIX

1	2		3			4		5 Disqual	ification
	Intend to sell and aggregate to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1)				Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО	,					·		***************************************	
MT									
NE							-		
NV									
NH							-		
NJ		×	TIC	1	\$304,863.0				×
NM									
NY	,								
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ОН									
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VT									
· VA									
WA							· 		
WV									
WI									and the second

APPENDIX

1	• دو	2	3		4			5 Disquelification		
	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY									The state of the s	
PR								performance agency of the profile control		